Mississippi Secretary of State 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDI	URES	NOTICE	FILING
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ADMINISTRATIVE PROCEDURE	S NOTICE FILING	3				
AGENCY NAME MS Wireless Communication Commission		CONTACT PERSON Lana Nicks		TELEPHONE NUMBER 601-359-5333		
ADDRESS 412 East Woodrow Wilson Ave, Mail Stop 6601		CITY Jackson		STATE MS	ZIP 39216	
EMAIL LNicks@wcc.ms.gov	SUBMIT DATE 11/30/11	Name or number of rule(s): MSWIN Interoperability Patching				
Short explanation of rule/amendment		(s) for proposing rule/amend	ment/repeal:	: To establish	operational	
procedures for Patching MSWIN Netw	<u>ork.</u>					
Specific legal authority authorizing the	promulgation of r	ule: Miss Code 25-53-171(4)				
List all rules repealed, amended, or su	spended by the pr	oposed rule: New Rule: See	<u>Attached</u>			
ORAL PROCEEDING:						
An oral proceeding is scheduled fo	r this rule on Date	e: Time: Place:				
Presently, an oral proceeding is no			*			
If an oral proceeding is not scheduled, an oral p ten (10) or more persons. The written request s notice of proposed rule adoption and should ind agent or attorney, the name, address, email add comment period, written submissions including ECONOMIC IMPACT STATEMENT:	hould be submitted to t lude the name, address ress, and telephone nu	he agency contact person at the abo , emall address, and telephone numb nber of the party or parties you repr	ve address withinger of the person esent. At any tir	in twenty (20) da n(s) making the re me within the two	ys after the filing of this equest; and, if you are an enty-five (25) day public	
Economic impact statement not re	quired for this rule.	Concise summary of	economic imp	oact statemer	nt attached.	
TEMPORARY RULES	PROPO	SED ACTION ON RULES	CTION ON RULES FINAL ACTION ON RULES			
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately on Other (specify):	Repea Adopt Proposed dat 30 day		Action taken: X Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: X 30 days after filing Other (specify):			
Printed name and Title of person au Signature of person authorized to f		ules: Christopher B. Epps, (
agnature of person authorized to h		- P - 01				
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE ICIAL FILING STAMP	0	FFICIAL FILIN	G STAMP	
				NOV 3 0 2 IMISSISSI RETARY O	ED	
Accepted for filing by	Accepted for	filing by		for filing by		

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.